

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington

To: Occupational Therapists
Managed Care Organizations

Memorandum No: 07-82
Issued: December 20, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Occupational Therapy Program: New Procedure Code

Effective for dates of service on and after January 1, 2008, the Health and Recovery Services Administration (HRSA) will cover CPT™ code 96125. HRSA has updated the Occupational Therapy Program Fee Schedule and Coverage Table to reflect this change in coverage.

Fee Schedule and Coverage Table Update

HRSA is adding the following new procedure code to the Occupational Therapy Program Fee Schedule and Coverage Table:

New Procedure Codes	Brief Description	Limitations
96125	Cognitive test by hc pro	Limit of one per calendar year, per client

To view the new Occupational Therapy Program Fee Schedule, go to <http://maa.dshs.wa.gov/RBRVS/index.html>. Updated pages for the Occupational Therapy Program Coverage Table are attached to this memorandum.

Billing Instructions Replacement Pages

Attached are replacement pages C.7-C.10 for HRSA's *Occupational Therapy Program Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Occupational Therapy Program Coverage Table

Note: Due to its licensing agreement with the American Medical Association, HRSA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/Comments
64550		Apply neurostimulator		Once per lifetime
95831		Limb muscle testing, manual		
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
96125		Cognitive test by hc pro		Limit of one per calendar year, per client
97003		OT evaluation		Limit of one per calendar year, per client
97004		OT re-evaluation		Limit of one per calendar year, per client
97010		Hot or cold packs therapy		Bundled service
97014*		Electric stimulation therapy		
97018*		Paraffin bath therapy		
97032*		Electrical stimulation		
97034*		Contrast bath therapy		
97110*		Therapeutic exercises		
97112*		Neuromuscular reeducation		
97113*		Aquatic therapy/exercises		
97140*		Manual therapy		
97150*		Group therapeutic procedures		
97530*		Therapeutic activities		
97532*		Cognitive skills development		Each 15 minute increment will be counted as one occupational therapy visit

Asterisk (*) means the code is included in the 12 visit limitation (applies to clients 21 and over). Two 15-minute increments, in any combination of these codes will be counted as one occupational therapy visit except as noted above.

Current Procedural Terminology © 2007 American Medical Association. All rights reserved.

(Rev.12/20/2007)(Eff.1/1/2008)

C.9

Memo 07-82

Coverage Table
Denotes Change

Occupational Therapy Program

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97533*		Sensory integration		Each 15 minute increment will be counted as one occupational therapy visit
97535*		Self care mngment training		
97537*		Community/work reintegration		
97542		Wheelchair mngment training		Use this code for wheelchair needs assessment. Limit is one assessment per calendar year, with four 15-minute increments (units).
97597		Active wound care/20 cm or <		Do not bill with 97598 or 97602 for same wound. Do not use in combination with 11040-11044. Limit is one unit per client, per day.
97598		Active wound care > 20 cm		Do not bill with 97597 or 97602 for same wound. Do not use in combination with 11040-11044. Limit is one unit per client, per day.
97602		Wound(s) care non-selective		Do not bill with 97597 or 97598 for same wound. Do not use in combination with 11040-11044. Limit is one unit per client, per day.
97750		Physical performance test		
97755		Assistive technology assess	PA	
97760		Orthotic mgmt and training		
97761*		Prosthetic training		

Asterisk (*) means the code is included in the 12 visit limitation (applies to clients 21 and over). Two 15-minute increments, in any combination of these codes will be counted as one occupational therapy visit except as noted above.

Current Procedural Terminology © 2007 American Medical Association. All rights reserved.

(Rev.12/20/2007)(Eff.1/1/2008)

C.10

Coverage Table

Memo 07-82

Page included due to reformatting

Occupational Therapy Program

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97762		C/o for orthotic/prosth use		Use this code for DME assessments. Limit is two assessments per calendar year, with two 15-minute increments (units) per session.
97762	TS	C/o for orthotic/prosth use		Use this code for DME assessments. Limit is two assessments per calendar year, with two 15-minute increments (units) per session. Use modifier TS for follow-up service.
97799	RT or LT	Physical medicine procedure		Use this code for custom hand splints. Limited to one per hand, per year. Use modifier to indicate right or left hand.

This page intentionally left blank.